## West Norfolk Health – Referral Support Service – Information Sharing Protocol

The ISP is provided to all parties to support risk mitigation and to provide a consistent approach to managing data flows that are already routinely occurring.

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| Name of Service |   | Referral Support Service (RSS) – Processing of Referrals from Opticians |
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| Description of Routine Sharing Practice |   | 1. West Norfolk Health Ltd (WNHL) receive referrals directly from opticians instead of them being sent to the patient’s general practices
2. They are received directly via email / post and WNHL enter them onto the national e-referral system, which enables patients to make an appointment with the secondary provider of their choice
3. WNHL access and administer the e-referrals system, and can produce reports
4. Information may also be e-mailed on an ad hoc basis as part of the process to support practices and providers

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| Agreed Data Set |   | Name, DOB, Address, NHS No, Reason for Referral, pertinent medical background |   |
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| Preferred Secure Transfer Method 1  |   | E-referral System |   |
| Preferred Secure Transfer Method 2 |   | NHS secure Email  |
| Other Methods |  | n/a |
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| Secure Storage |  | * Data is stored within the e-referral system
* WNHL send letters to the patient regarding their referral and how to make an appointment
* Actions are recorded on Spreadsheets and saved in WNHL shared drives with restricted access to only those working in this service
* WNH also store hard copies, such as the original letter from the optician. Hard copies can be notated as a form of record of any further activity
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| Retention Periods |  | Each party is responsible for appropriate retention of disclosed data in line with NHS Records Management Code of Practice |  |
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| Legal Relationships |   | WNHL are a Data Processor Referring Opticians are Data ControllersPatients Practices are Data ControllersDelivering Providers are Data Controllers |   |
|   |   |   |   |
| Fair Processing / Right to Be Informed |  | In order to satisfy the common law duty of confidentiality and the data protection legislation “right to be informed” there is a requirement to ensure that patients are provided with sufficient information. Individuals must “reasonably expect” disclosures of their confidential information.The parties must each include information about the sharing initiative in their privacy notices and displayed in situ at premises that provide information about their rights – including their right to object.Where possible, patients must be informed “at point of contact” that their records will be accessed or shared as a result of a referral. |
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| Data Security |  | All members involved in the RSS service must:* Have had data security and protection training within the last 12 months
* Have confidentiality clauses within their employment contract

Have regard for internal protocols, in particular;* Do not talk about patients or staff in public places or where you can be overheard
* Do not leave any medical or staff records or confidential information lying around unattended
* Make sure that any computer screens, or other displays of confidential information i.e. whiteboards, cannot be seen by anyone who does not need to know.
* Ensure that screens are locked when away from desk
* Maintain a clear desk policy and undertake regular checks where possible to identify errors or potential breaches
* Ensure that remote working practice complies with policies and procedures.
* Take responsibility for keeping Personal Confidential Information secure and confidential whilst working remotely, including preventing incidental access by others in the environment
* All information on mobile devices must be transferred to the network as soon as possible and the information then erased from the mobile device
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| Lawful Basis  |   |

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| **Purpose** | **DPA 2018 (personal data)** | **DPA 2018 (special cat)** | **GDPR (personal data)** | **GDPR (special cat)** | **ECHR Art 8** | **Common Law Duty of Confidentiality** |
| Direct care to individual | Sch 9 s 5 (e) Public Task | Sch 10 s 10 8(1) Medical Purposes | Art 6 (1) (e) Public Task | Art 9 (2) (h) Medical Purposes | In accordance with the lawProportionate | See Above |
| Management of healthcare services (local) | Sch 9 s 5 (e) Public Task | Sch 10 s 10 8(1) Medical Purposes | Art 6 (1) (e) Public Task | Art 9 (2) (h) Medical Purposes | In accordance with the lawProportionate | See Above |

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| Patient Right to Object (Information Sharing Scripts) |  | Where possible, patients must be informed “at point of contact” that their records will be accessed or shared as a result of a referral. |

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| Incidents report to: |  | Emma Cooper, WNHL |
| Approved by: |  | A copy of this document should be provided to all West Norfolk Health Primary Care organisations, and logged with the Information Governance Lead / DPO for each participating partner organisation. |
| Approval date:  |  | Nov 19 |
| Review date |  | Two years from approval or at any time due to changes in legislation |
| In case of queries about the content of this document contact: |  | Emma.cooper@kafico.co.uk |